

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032628

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7898

FILED AUG 22 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MO

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2615 Chouteau

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

WILLIAM

Middle

F

Last

KUCHENBUCH

## 4. DATE OF DEATH

Month

Day

Year

AUG. 10, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

## 8. DATE OF BIRTH

5/27/92

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR.

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Driver

## 10b. KIND OF BUSINESS OR INDUSTRY

City Street &amp; Sewers

## 11. BIRTHPLACE (City and state or country)

St. Louis Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

George Kuchenbuch

## 13b. MOTHER'S MAIDEN NAME

Caroline Berger

## 14. NAME OF HUSBAND OR WIFE

Amanda

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW # 1

## 17. INFORMANT

Address

Miss Charlotte Kuchenbuch 28296 Sidney

## 18. CAUSE OF DEATH (Enter only one cause per line - (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Emaciation &amp; Malnutrition

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Extensive Carcinoma of Face, Jaw &amp; neck

## DUE TO (c)

1992

## INTERVAL BETWEEN ONSET AND DEATH

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/25/62 to 8/10/62 and last saw her alive on 8/10/62

Death occurred at 5:30A m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Herbert H. Shapiro, M.D.

## 22b. ADDRESS

2515 LAFAYETTE AVE

## 22c. DATE SIGNED

8/10/62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Aug 13 62

## 23c. NAME OF CEMETERY OR CREMATORY

SS Peter &amp; Paul

## 23d. LOCATION (City, town, or county)

St. Louis Mo

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

E.J. Schnur 3125 Lafayette

## 25. DATE RECD. BY LOCAL REG.

AUG 13 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

SHAPIRO  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1

2 22 24

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12 75-0

13

75

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Jose B. Vollmer*

Licensed Embalmer No.

*4014*

P. O. Address

*3125 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.